

Antenatal/Postnatal Advance Care Plan Example:

Antenatal – Advance Care Plan:

Betty and Brad are new expecting parents. Antenatal scans have shown that their baby (already named as Bertie) has:

- Trisomy 18 (Edward's Syndrome)
- Cardiac abnormalities (to be confirmed postnatally but likely - VSD, overriding aorta, coarctation)
- Possible oesophageal atresia - polyhydramnios is evident on scans (excessive accumulation of amniotic fluid)

Advance Care Planning discussions have occurred between ACP Hospice staff and both parents.

See example resulting Antenatal Advance Care Plans, where more detail on the background, values and priorities are detailed.

Medically, parents understand that Bertie has a life limiting condition but want to balance 'giving Bertie a chance, versus a comfort based approach'.

This care plan attempts to explain to professionals the background behind these decisions whilst also highlighting that further decision making at the time will be necessary (but hopefully made easier by the care plan).

The care plan also prompts professionals to offer and consider holistic care such as memory making and chaplain.

Note: the later pages are purposefully not completed and if the baby survives these can be completed at that stage.

At this stage the management of perinatal details / management should cover the management in the initial period.

In particular, it is really **important to note that ReSPECT (or equivalent) is NOT completed**. This is due to the fact that in the antenatal period this advance care plan will be saved in the mother's notes. Therefore, given that it is **imperative** that there is no confusion over whether the ReSPECT applies to the mother or not, it is better not to complete at this stage. (The baby's resuscitation plans are detailed in previous sections of the 'management of baby at birth').

Situation / discussions around and following birth:

In this example case. We assume that Bertie survived birth, without any resuscitation necessary. He is self-ventilating in air and managing some oral feeds (occasionally latching on the breast) by syringe (and at times bottle).

Surgical assessment following birth confirmed that he did NOT have Oesophageal atresia.

Cardiac Echo confirmed that Bertie has VSD, overriding aorta, coarctation but discussions with the family, neonatal and cardiology team have agreed not to consider surgery for Bertie, but instead to prioritise his comfort.

Discussions occurred with the neonatal teams and the palliative care teams / hospice to help get family home to maximise precious moments with Bertie in the comfort of their own home.

Following this the Advance Care Plan was updated accordingly.

Postnatal Advance Care Plan:

Following the discussions and decisions above the Advance Care Plan was updated accordingly.

This included:

- **Updating relevant up to date information**, based on postnatal assessments.
- **Deleting of:**
 - o **Antenatal details of Mothers notes on front page**
 - o **Pages regarding Perinatal Details/Management (page 6-9 in Antenatal example uploaded)**
- **Completion of pages relevant to postnatal baby**
 - o Management of Anticipated Complications/Deteriorating Health
 - o Management of an Acute Significant Deterioration/
 - o Emergency
 - o ReSPECT (or equivalent) – as will now be saved in Bertie’s records.

This sample postnatal Advance Care Plan now highlights a clearer management plan, where there is more certainty of a purely comfort based approach.

However, there continues to be wording indicating that circumstances may change again should Bertie live longer than expected.

As with any care plans it also highlights that it is appropriate to re-discuss and explore options at any time.

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